

STATE OF ARIZONA DEPARTMENT OF JUVENILE CORRECTIONS



NOTICE OF REQUEST FOR QUOTATION

SOLICITATION NUMBER:

J04082

SOLICITATION DUE DATE/TIME:

June 8, 2004, 5:00 PM MST

SUBMITTAL LOCATION:

Arizona Department of Juvenile Corrections*

Procurement Office 1624 W. Adams, 1st Floor Phoenix, Arizona 85007-2631

DESCRIPTION:

Vocational Education Workstations

In accordance with A.R.S. § 41-2535, written quotations for materials or services specified will be received by the Arizona Department of Juvenile Corrections (Department), at the above specified location, until the time and date cited.

Quotations must be in the actual possession of the Department's Procurement Office on or prior to the exact time and date indicated above. Late quotations will not be considered, except as provided in the Arizona Procurement Code.

The terms and conditions included herein should be reviewed and understood before preparing a quotation. Please reference the name of the Solicitation Contact Person and RFQ number on the outside of the return envelope.

Solicitation Contact Person:	
Dave Novak, CPPB	
Name	
(602) 542-6677	
Phone	
May 27, 2004	
Date	

*AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

OFFER AND ACCEPTANCE

Arizona Department of Juvenile Corrections Procurement Office 1624 W. Adams Phoenix, Arizona 85007-2631

SOLICITATION NO.: J04082

	OFFER			
The Undersigned hereby offers and agrees to furnish the material, service or construction in compliance with all terms, conditions, specifications and amendments in the Solicitation.				
Arizona Transaction (Sales) Privilege	izona Transaction (Sales) Privilege For Clarification of this Offer contact;			
Tax License No.:	Name:			
Federal Employee Identification	Phone:			
No:	FAX:			
	E-Mail:			
Company Name	Signature of Person Authorized to Sign Offer			
Address	Printed Name			
City State Zip	Title			
OFFER ACCEPTANCE AND	CONTRACT AWARD (For State of Arizona use only)			
Your Offer to provide Vocational Education Works	stations is hereby accepted.			
The politiation is hereby cannoned but to commer	on the Solicitation and the Contractor's Offer as accepted by the State. nce any billable work or provide any material, service or construction secuted purchase order or Contract release document or written notice to			
This Contract shall henceforth be referred to as Co	ontract No.:			
Line Items Awarded:				
State of Arizona				
Awarded this day of	, 2004			
Purchasing Manager				

INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS

SOLICITATION NO.: J04082

- 1. SUBMISSION: Quotations shall be signed where applicable and received as designated on the cover page of this document, no later than as indicated.
- OPENING: This is an informal quotation which will not be read at a public opening; however, the information may
 be publicly reviewed after an award.
- 3. STANDARD PROVISIONS: The State's Uniform Terms and Conditions (dated 4/04) are a part of this document as if fully set forth herein. Copies of this document are available upon request.
- 4. TAXES: The State of Arizona is exempt from federal excise tax, but is subject to all applicable State and local transaction privilege taxes. Transaction privilege taxes apply to the sale and are the responsibility of the seller to remit. Failure to collect taxes from the buyer does not relieve the seller from its obligation to remit taxes.
- 5. OFFER REJECTION: The State reserves the right to waive any immaterial defect or informality; reject any and all Offers or portions thereof; or cancel a Solicitation.
- 6. OFFER ACCEPTANCE PERIOD: An Offeror submitting a quote in response to this Solicitation shall hold its Offer open for sixty (60) days from the due date stated in this Solicitation.
- 7. AWARD OF CONTRACT: Where applicable, the State reserves the right to make multiple awards or to award a Contract by individual line items or alternatives, by group of line items or alternatives, or to make an aggregate award, whichever is deemed most advantageous to the State. If the Procurement Officer determines that an aggregate award to one Offeror is not in the State's best interest, "all or none" Offers shall be rejected.
- 8. ERASURES: Erasures, interlineations, or other modifications must be initialed by the individual signing the Request for Quotation.
- UNIT PRICE: Where applicable, in case of discrepancy between the unit price or rate and the extension of that unit price or rate, the unit price or rate shall govern.
- 10. PAYMENT: The State will make every effort to process payment for the purchase of goods or service within thirty (30) calendar days after receipt of goods or services and a correct invoice of amount due, unless a good faith dispute exists as to any obligation to pay all or a portion of the account. Any Offer that requires payment in less than thirty (30) calendar days shall not be considered.
- 11. PAYMENT DISCOUNT: Payment discount periods will be computed from the date of receipt of materials or services or correct invoice, whichever is later, to the date Department's warrant is mailed. Unless freight and other charges are itemized, any discount provided will be taken on full amount of invoice. Payment discounts of thirty (30) calendar days or more will be deducted from the bid price in determining the low bid. However, the Department shall be entitled to take advantage of any payment discount offered, provided payment is made within the discount period.
- 12. ARIZONA PROCUREMENT CODE: The Arizona Procurement Code (A.R.S. Title 41, Chapter 23) and its Rules and Regulations (A.A.C. Title 2, Chapter 7), are made a part of this document as if fully set forth herein. Note: A.R.S. Title 41, Chapter 23 is available at most public libraries; A.A.C. Title 2, Chapter 7 may be purchased from the Arizona Secretary of State; and both are available for review at the Arizona State Procurement Office.
- 13. INDEMNIFICATION: The Contractor shall indemnify, defend, save and hold harmless the State of Arizona, its departments, agencies, boards, commissions, universities and its officers, officials, agents, and employees (hereinafter referred to as "Indemnitee") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "Claims") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Contractor or any of its owners, officers, directors, agents, employees or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of such contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. It is the specific intention of the parties that the Indemnitee shall, in all instances,

INSTRUCTIONS TO OFFERORS AND TERMS AND CONDITIONS

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except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the Contractor from and against any and all claims. It is agreed that the Contractor will be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. In consideration of the award of this contract, the Contractor agrees to waive all rights of subrogation against the State of Arizona, its officers, officials, agents and employees for losses arising from the work performed by the Contractor for the State of Arizona. (This indemnification clause shall not apply if the Contractor or subcontractor(s) is/are an agency, board, commission of university of the State of Arizona.)

- OFFSHORE PERFORMANCE OF WORK PROHIBITED: Due to security and identity protection concerns, all services under this Contract shall be performed within the borders of the United States. All storage and processing of information shall be performed within the borders of the United States. This provision applies to work performed by subcontractors at all tiers.
- 15. AMERICANS WITH DISABILITIES ACT: People with disabilities may request special accommodations such as interpreters, alternative formats, or assistance with physical accessibility; requests for special accommodations must be made with 72 hours prior notice. A person requiring special accommodations may contact the Solicitation Contact Person identified on the first page of this Solicitation.
- 16. SMALL BUSINESS SET ASIDE: In accordance with A.R.S § 41-2535, and A.A.C. R2-7-335, this purchase is restricted to small businesses. A small business is one that, including its affiliates, is independently owned and operated, is not dominate in the type of business it conducts, and which employs fewer than 100 full-time employees or which had gross receipts of less than \$4 million in its last fiscal year. By submitting a quote in response to this Solicitation, an Offeror certifies that it is a small business as defined above.
- 17. BRAND NAMES: Any manufacturer's names, trade names, brand names, or catalog numbers used in the specifications are for the purpose of describing and establishing the general quality level, design, and performance desired. Such references are not intended to limit or restrict bidding by other vendors but are intended to approximate the quality design or performance which is desired. Any Offer which proposes like quality, design, or performance will be considered. If the description of your Offer differs in any way, you must give a complete detailed description of your quotation including pictures and literature where applicable. Unless a specific exception is made, the assumption will be that you are bidding exactly as specified on the Request for Quotation.
- 18. WARRANTY. The warranty period on workmanship and materials shall be a minimum of one (1) year from the date of acceptance. Parts which in normal trade practice carry a warranty in excess of one (1) year, shall be subject to the normal warranty. The Price Sheet shall indicate any additional durations of warranty and applicable limitations or conditions which apply to the additional duration. The Contractor agrees that it will, at its own expense, provide all labor and parts required to remove, repair or replace, and reinstall any such defective items during the term of this warranty. The Contractor shall guarantee the equipment to be supplied complies with all
- 18.1 Services performed hereunder shall conform to the requirements of this Contract and shall be performed by qualified personnel in accordance with the highest professional standards; and
- 18.2 Items furnished hereunder shall conform to the requirements of this Contract and shall be free from defects in design, materials and workmanship.
- 19. SHIPPING FOB STATEWIDE. Prices shall be F.O.B. destination, delivered to the specified receiving point as required by the Department at the time of order. The Contractor shall retain title and control of all goods until they are delivered, received and the Contract of coverage has been completed. All risk of transportation and all related charges shall be the responsibility of the Contractor. All claims for visible and concealed damage shall be filed by the Contractor. The Department will notify the Contractor promptly of any damaged goods and shall assist the Contractor in arranging for inspection.

	PRICE SHEET/SPECIFICATIONS	i
SOLICITATION NO.: J04082	CONTRACT NO.:	

<u>ltem</u>	Description of Material, Service or Construction	Quantity	Unit	Unit Price	Extended Price
001	Carpenter Stand Up Workstation, Questech CZ014 or equal. Residential Wiring Workstation, Questech CZ086 or	1	EA	\$	\$
002	equal Residential Plumbing Workstation, Questech CZ046 or	1	EA	<u>\$</u>	\$
003	equal	1	EA	\$	\$
	Prices are to be FOB Destination.				
	SUBTOTAL W ARIZONA SALES TAX, STATE,				\$
	COUNTY, AND CITY*				<u>\$</u>
	TOTAL GROSS OFFER			}	\$

1.	Delivery shall be made calendar days after receipt of order.
2.	
3.	By submitting a quote in response to this Solicitation, and in accordance with the small business description on page 3, paragraph 15, I certify that (company name) meets the small business requirements.
4.	Signature Date By submitting a quote in response to this Solicitation, and in accordance with the small business description on page 3, paragraph 15 and Executive Order 2003-09, I certify that
	Signature Date

*Notice: If applicable taxes are not described and itemized on the quote, the State will assume that the price(s) offered includes all applicable taxes.

Ship To Address:

Adobe Mountain School - RAC Education

2800 W. Pinnacle Peak Road

Phoenix, AZ 85027

ATTACHMENT A: STATE OF ARIZONA SUBSTITUTE W-9 FORM

SOLICITATION NO: J04082

Pursuant to page 3, paragraph 4.3.4, of the Uniform Terms and Conditions, in order to receive payment under any resulting Contract, the Contractor shall have a current State of Arizona Substitute W-9 Form on file with the State of Arizona.

Attached is the W-9 that should be completed and returned with your offer. Failure to submit the form with your offer, may result in a delay of payment should a Contract be awarded pursuant to this Solicitation.

AGY

APPROVED BY (PRINT)

AGENCY CONTACT

STATE OF ARIZONA SUBSTITUTE W-9 FORM DO NOT REQUEST FOR TAXPAYER INFORMATION AND SEND TO IRS DO NOT SEND TO IRS CERTIFICATION *****LEGIBLY PRINT OR TYPE REQUIRED INFORMATION***** Part i Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). For other entitles, it is your employer identification number (EIN). If you are a resident alien OR a sole proprietor OR do not have a number, see the instructions on page 2. Social Security Number (S\$N) Employer Identification Number (EIN) 0 Name (is using SSN) or Business Name (if using EIN) - as reported with Social Security Administration or IRS Remittance Address (if different from main address) DBA, Business, Subsidiery, Trade Name, Other (circle one) Address Main Address (where tax information and general correspondence is to be mailed) City, State and ZIP code City, State, and ZIP code For Payees Exampt From Backup Withholding Contact Name (See instructions on page 2) Part II Telephone number <u>Fax_number</u> Check the appropriate box: (5) Business (check one of the following) (6) Individual (check one of the following) (A) Arlzona Corp.-Including Non-Profit __ (I) U.S. Citizen/Permanent Resident (1)(E) State Employee (C) PC, PLLC, or LLC (S) Sole Owner of a Business (using <u>SSN</u>) (F) Financial Institution (2)(G) Federal Agency (H) Benefits Provider (7) Other (Non-corporate Including, but not limited to (M) Medical Corp. conferences, trust funds, receiverships) (3)G) Arizona State Agency (O) Out of State Corp.-including Non-Profit --PLEASE BRIEFLY DESCRIBE (P) Professional Assoc. (4)(G) Other Governmental Agency (\$) Sole Owner (using EIN) __ (T) Partnership, LLP, or LTD (U) Public Utility Co. (8)(B) Board Member Minority Business Indicator: (check one of the following that best describes your business) 06 – Small Business/Woman Owner 11 - Small Business/Minority Woman Owner 01 - Small Business 07 - Small Business/Disabled Owner 12 - Small Business/Disabled Minority Owner 02 - Minority Owner Business 08 - Minority Woman Owner Business 13 - Small Business/Disabled Minority Woman 03 - Woman Owner Business 09 - Disabled Minority Owner Business Owner 05 - Small Business/Minority Owner 10 - Disabled Woman Owner Business 00 - None of these apply Part III Certification Vinder paralities of perjury, I cartify that:

1. The number shown on this form is my correct taxpeyer identification number (or I am waiting for a number to be issued to me). AND

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
3. I am a U.S. person (including a U.S. resident alian).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you am currently subject to backup withholding because you have failed to report all interest and dividends on your tex return. For real extiate transactions, item 2 does not apply. For morigage interest paid, acquisition or abandomment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide youth correct TIN. (See instructions on agency). The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. Sign Here RETURN THIS FORM AND REPORT ANY CHANGES IN THE ABOVE INFORMATION TO THE STATE AGENCY THAT YOU DO BUSINESS WITH FOR STATE AGENCY USE ONLY DO NOT WRITE BELOW THIS LINE **VENDOR #** MC(s) (mai<u>n ad</u>dross) MC(s) (remittance address) **NEW VENDOR** TIN CHANGE NAME CHANGE

__ (SIGNATURE)

AGENCY CONTACT PHONE #

EXT

Date

SUBSTITUTE W-9 INSTRUCTION SHEET

Purpose of form. The State of Arizona is required to file information returns with the IRS and provide correct taxpayer identification numbers (TINs) to report taxable income paid. THE STATE WILL ISSUE FORM 1099-MISC BY JANUARY 31^{5T} OF THE YEAR AFTER THE YEAR TAXABLE PAYMENTS OF \$600 OR MORE ARE RECEIVED. FOR MORE INFORMATION CONTACT THE STATE AGENCY FOR WHICH YOU PERFORM SERVICES FOR.

Privacy Act Notice

Saction 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payor. Certain penalties may also apply.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payment under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, non-employee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding. If you give the requestor your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding.

Payments <u>you</u> receive <u>will be subject</u> to backup withholding if:

- You do not furnish your TIN to the requestor,
 or
- You do not certify your TIN when required (see the Part III Instructions on page 2 for details.) or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 3 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part III instructions and the separate instructions for the Requester of Form W-9,

Penalties

Fallure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a ponalty of \$50 for each such fallure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information.

Willfully felsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment,

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Name and Number To G For this type of account	Give name and SSN of:
1. Individual	The Individual
2. Two or more	The actual owner of the
individuals (joint	account or, if combined
account)	funds, the first individual
,	on the accounts
3. Custodian account of	The minor
a minor (Uniform Gift	The filmor
to Minors Act)	
4. a. The usual	The grantor-trustee®
revocable savings	. To grantor ((uside
trust (grantor is also	
trustee)	
b. So-called trust	The actual owner⁴
account that is not a	THE BOOK OWING
legal or valid trust	
under state law	
5. Sole proprietorship	The owners
For this type of account	Give name and EIN of:
6. Sole Proprietorship	The owner
7. A valid trust, estate, or	Legal entity
pension trust	g-:y
8. Corporate	The corporation
9. Association, club,	The organization
religious, charitable,	
educational, or other	
tax-exempt	
organization	
10. Partnership	The partnership
11. A broker or registered	The broker or nominee
nominee	
12. Account with the	The public entity
Dept. of Agriculture in	
the name of a public	
entity (such as a state	
or local government,	
school district, or	
prison) that receives	
agricultural program	
payments,	
List first and circle the name	of the person whose

"List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

'Circle the minor's name and furnish the minor's SSN, a You must show your individual name, but you may also enter your business or "doing business as" name. You may use either your SSN or EIN (if you have one), a List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name.

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2. Certify you gain and subject to be below. 3. Claim geographic from the below. 4. Claim geographic from the below. 5. Claim geographic from the below. 6. Service from 3 he fillows. Instead of Form. 6. Part I — Taggeyer Manifestion number (TIN). 6. Part II— Commission of the properties from the below. 6. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 7. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 8. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion Satus of Beneficial Commission. 9. Form W-85PI, Certificate of Formion		enter any business, trade, or "doing business as"	form. If you are a nonresident alien or a foreign entity
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individual except particles on number (TTN). Interest, dividend, and partie exchange accounts (w.e.) In eappropriate (orm) as foliave, instead of Form (w.e.) It is provided parties to provide the parties of Foreign Sights of a partie of Foreign Sights of a parties of Foreign Sights of the Parties of Foreign Sights of the Parties of Foreign Sights of the Sights of Sights Sights of Sights Sig	16	are not eligible to get an SSN, your TIN is your IRS	
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